

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213563023</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE VIRGINIA COTTON GROWERS ASSOCIATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>RICHARD D MATTOX</b>  <b>12580 WEST CREEK PARKWAY</b>  <b>PO BOX 27552</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>GOOCHLAND COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2013</b></p> <p>SCC ID NO: <b>04761995</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P O BOX 27552</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23261-7552</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP EDWARDS  TITLE: PRESIDENT  ADDRESS: 14220 CARROLL RIDGE ROAD  CITY/ST/ZIP/CO: SMITHFIELD, VA 23430 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHILIP EDWARDS TITLE: PRESIDENT ADDRESS: 14220 CARROLL RIDGE ROAD CITY/ST/ZIP/CO: SMITHFIELD, VA 23430	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON BLACK DIRECTOR 5540 ROXBURY ROAD CHARLES CITY, VA 23030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BOSSELMAN DIRECTOR 5676 OLD MYRTLE ROAD SUFFOLK, VA 23434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW COVINGTON DIRECTOR 10219 FORTSVILLE ROAD CAPRON, VA 23289	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAYTON DOYLE DIRECTOR 1626 JAMES RIVER JUNCTION EMPORIA, VA 23487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ELLIS DIRECTOR 1320 PLANTERS DRIVE SUFFOLK, VA 23434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LONG DIRECTOR 25160 LANKFORD HIGHWAY CAPE CHARLES, VA 23310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL ROGERS III DIRECTOR 34535 WARRIQUE ROAD WAKEFIELD, VA 23888	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SPENCER NEALE JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SPENCER NEALE JR, SECRETARY/TREAS _____ PRINTED NAME AND CORPORATE TITLE	1/3/2014 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			